PATENT ADDITION SEE DETERMINATION DES									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10810990					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	Ol		R THAN L ENTITY	
TOTAL CLAIMS			1 2	120			RAT		FE		RATE	FEE	
FOR			MUMBE	A FILED.	NUN	BER EXTRA	BASIC F	EE 385.0	20 01	BASIC FE	€ 770.00		
TOTAL CHARGEABLE CLAIMS			20n	ninus 20=	•			X\$ 9=		OF	37000		
INDEPENDENT CLAIMS			2 minus 3 =				Ď*	X43=		OF	X86=		
L	MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OF		1	
•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	+	- OF	<u> </u>	111	
	CLAIMS AS AMENDED - PART II								<u> </u>			THAN	
لم	7-06 (Column 1) (Column 2) (Column 3							SMALI	ENTITY	OR		ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
MON	Total	.19	Minus	-20	2	. —	ſ	XS 9=		OR	XS18=		
AME	Independent	1.3	Minus	-3		•	X43-		1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	707			
	•					•	L	+145=	<u> </u>	OR	+290=		
7.	14806 (Column 1) (Column 2) (Column 3)									JOR	TOTAL ADDIT. FEE		
	10 00	CLAIMS		(Columnia)		(Column 3)	_			-			
AMENDMENT B		REMAINING . AFTER AMENOMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ď	Total ·	19	Minus	20	7		Γ	X\$ 9=		OR	X\$18=		
AME	Independent	1.3	Minus	3		*	X43=		-	1	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT C	MIA	· •	\vdash		 	OR			
							Ľ	145±		OR	+290=		
								TOTAL DIT. FEE	<u> </u>	OR ,	TOTAL DOIT, FEE		
7	\ .	(Column 1)		(Column		(Column 3)	<u></u>	• • •		•			
		REMAINING AFTER AMENOMENT		PREVIOUS PAID FO	R SLY	PRESENT DITRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
- CALLERY CHIEFS	Total	•	Minus	**			5	(\$ 9=	166		X\$18=	FEE	
	Independent	•	Minus	***		•	-			OR			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ľ	(43=		OR	X86≈		
. 11	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	+290=	٠.	
– H										OR A	YOTAL DOT, FEE		
	THE LOCATION WITH	noer Previously Paid ber Previously Paid	d For OU THIS	CDAPE L. L.		9		IT. FEE L	ropriste box	P (4)	mn 1.		
		•			•								